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ABSTRACT

Characteristics and problems unique to the rural aged have drawn considerable attention in recent years. Location and environment influence the extent of needs, the availability of services, and a person's willingness to use such services. Religious and ethnic clusters also differ in service needs for their elderly and their willingness to accept assistance. The rural elderly may also have different values and beliefs than the urban elderly. Rural older persons are often suspicious, anti-government, and independent, characteristics which discourage the use of services; they may have little education and limited agricultural skills outdated by mechanization. A high ratio of older persons to younger workers in rural communities adds pressure to housing and community services. Geographic obstacles and dispersion of the older population affect the delivery and costs of services. Rural social service agencies are usually multi-purpose agencies serving a diverse clientele. The rural elderly would benefit from greater flexibility in public policy. Different rural communities need to examine a variety of strategies for meeting the needs of their older residents. (NRB)

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AGING: A VIEW FROM THE COUNTRY

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

INTRODUCTION

Good afternoon, I am Fred De Jong, Director of the Southwestern Area Agency on Aging, in Slayton, Minnesota.[1] The Southwestern Area Agency on Aging was organized in July, 1977, to serve a rural, 9 county planning and service area which borders South Dakota and Iowa. About 29,000 age 60 plus seniors live in the area dispersed amoung 85 small towns. Today I wish to briefly share from a practitioners perspective, some of the factors which should be considered in serving our rural elderly.

Is Rural Aging an Issue?

The special characteristics and problems of the rural aged have drawn considerable attention in the last several years. The 1978 Amendments to the Older Americans Act included a provision which addressed the distribution of funds for rural elderly.[2] A recent bibliography on rural aging notes 145 publications concerning the rural aged for the years 1975-1978.[3] If the volume of printed literature can be accepted as a measure of growing national awareness, then the rural aged in America are beginning to make an impact on this country's consciousness.

According to the United States Department of Agriculture, 65 percent of the over 3,000 counties in the United States qualify as "rural". (which is a county with no city larger than 10,000 people).[4] Almost one-third of our 65 plus population live in non-metropolitan areas. Out

of the national network of approximately 600 Area Agencies on Aging, 50 percent are self-described as predominantly rural and 41 percent as mixed rural and urban.[5] The magnitude of these statistics highlight the importance of taking a closer look at rural service delivery for the aged.

Whether an urban dweller or a rural resident, all older persons share such basic needs as food, clothing and shelter. Older persons need warm homes, the love of family and friends, and access to health care and supportive services regardless of city or county residence. It appears though, that location and environment influence the willingness to use service, what services are available and the extent of particular needs. The thesis of this presentation is that rural elderly do confront a set of circumstances and possess a unique set of experiences and characteristics which not only affect their expressed needs, but also their access to services.

The Rural Aged Population

Let's first discuss the aged population itself.

The rural aged are as diverse as are our aged in large cities. The southern truck farmer, the Vermont woodsman, and the Midwest small town businessman, all retire and become part of older, rural America. Such nation-wide cultural diversity (which is frequently overlooked in program standards) is further complicated by rural ethnic clusters. Small-town homogeneity still exists in places. For example, there are Dutch, German, Polish, Danish communities with their particular traditions, diets, family relationships and churches. There are also Catholic, Lutheran, Reformed and Mennonite towns. These religious and ethnic clusters differ in service needs

for their elderly and their willingness to accept assistance.

There is some evidence that rural older persons may have different values and beliefs than in urban areas. Research by Larson based on Gallup Surveys from 1965-1975 indicated that

> "rural American differs from urban (especially cities over one million population) in the emphasis given to major values, in values-related beliefs and behavior, and in general outlook." [6]

Larson's research found a rich diversity in the pattern between farmers and non-farmers. My own experience is that rural older persons can be suspicious of "outsiders," parochial in their outlook, frequently anti-government and fiercely independent - all of which affects the acceptance and utilization of supportive services.

In addition, one might suspect extensive family and neighborhood helping. Taietz cites research that indicates no significant difference in levels of informal helping from family and friends between urban and rural, non-farm elderly who live alone.[7] The out-migration of younger people from many rural areas frequently has left older parents dependent on some sort of non-family help.

A cluster of additional variables also affects the service needs of rural aged. The incidence of poverty for the rural elderly is 2 to 2½ times as great as for the nation as a whole. The 1970 Census showed that over 92 percent of the highest income category (at that time $15,000/yr. or more) live in metropolitan and urbanized non-metropolitan counties. Also, the rural elderly often have had a relatively narrow range of skills and employment experience related to agriculture. Many find their

skills outdated or of no use due to the increasing mechanization of American farms. Employment opportunities can be hard to come by. The rural aged also have a lower average number of years of education. Functional illiteracy is nearly twice as high in non-metropolitan areas.

According to the 1970 census, our nation's highest concentrations of older persons are in small towns with under 2,500 population. The ratio of older persons to younger workers can be extremely high in rural communities and is putting increasing pressure on housing stock and community services.

Rural Service Areas

Not only does the rural older population pose a challenge, but so does the very geography of many rural service areas. To be rural is to have the target group widely dispersed. For example, Montana has 7/10 of an older person per square mile contrasted to New Jersey with nearly 151 older persons per square mile. It is not uncommon in many rural places to live 30 miles from the nearest town with a grocery store and bank. Some service areas present natural barriers for service delivery - mountains, rivers and severe weather. For instance, Wyoming only has two Area Agencies on Aging - How would you like the Continental Divide running through your service area?! Geographic isolation is a very real problem for many rural aged, especially during winter months, and can be expected to grow worse with higher transportation costs. Geographic obstacles and the degree of dispersion of the older population definately affects how service is delivered and its cost.

The Rural Service Network

Finally, lets look at rural service providers. Rural Social Service agencies are not just small scale urban models. Besides being smaller in physical size and number of staff, rural social service agencies most often are multipurpose agencies with a diverse clientele. Research reported by Taietz and Milton indicated that urban areas provide greater opportunities for resource development, as they have more manpower voluntary organizations, and more local government resources to tap.[8] The same research showed urban service providers have larger staffs with greater diversification in personnel functions. In contrast, the rural agency has fewer staff who less often have professional training and education for their positions. Volunteers are extensively used in rural services for the aged to compensate for the paucity of resources. This smaller scale of rural service providers can allow a more informal, responsive style of operations.

The earlier cited study of Taitz and Milton also found differences between urban and rural counties in the level of services available to the elderly. When assessed in 1967, urban counties had established a significantly higher number of services than rural counties. Reassessed nearly ten years later in 1976, the rural versus urban difference remained, although the gap had been narrowed.

A factor in the lower level of services in rural areas is the lower number of active, private social service agencies. Consequently, the rural service network is less competitive. A Request for Proposal process does not work well in many rural places because there are very few potential applicants and much staff time in technical assistance is needed to develop

a program proposal. Since nearly all services come from public money, and is means-tested, older persons just above the poverty cut-off or with higher incomes can not get the help they need. With no private agencies to turn to, significant gaps in service can exist for those whose incomes are just above the poverty guidelines.

Rural service providers tend to concentrate in the county-seats. Older persons often must travel significant distances to drive in from outlying areas to get help. In many places, one's chance of getting in-home assistance when living out in the country on a farm is dim.

Conclusion

What does this all mean? Public policy must begin to take into account the special challenges of being old and rural. I have briefly outlined some of the environmental factors which influence rural service delivery. More conclusive evidence is needed to analyze and document rural service delivery characteristics. Studies involving practitioners and based on original data would overcome present deficiencies in rural-urban comparisons. Research should focus on:

(1) Rural/Urban differences in the crucial variables to independent living, such as in the areas of available community services, family help, quality of housing, interaction with friends and neighbors, need for transportation and income,

(2) Service delivery questions regarding rural elderly, and such issues as organizational arrangements,operating procedures and particular service needs, and

(3) Analysis of public policy and its effect of the rural aged population.

Different rural communities need a wide variety of alternative designs and strategies for meeting the needs of their older residents. Understanding the need for and value of flexibility in public policy could well be the most valuable product of research on the nation's rural elderly. The goal should be an increased sensitivity in public policy and service to the special needs of our diverse aged population whether in the city or the country.

Endnotes

1. Carol J. Bishop, co-author, is Grants and Nutrition Manager for the Southwestern Area Agency on Aging.

2. Older Americans Act, As Amended.

3. Carroll Wilkinson, The Rural Aged in American 1975-1978: An Annotated Bibliography. Occasional Papers on the Rural Aged #1, West Virginia University Gerontology Center. November, 1978.

4. Rural Affairs Committee Report, The National Association of Area Agencies on Aging. July, 1978.

5. Ibid.

6. Philip Taietz, "The Needs of the Elderly: Rural-Urban Comparisons," The Proceedings of the Workshop on Rural Gerontology Research in the Northeast, May 24-27, 1977. Northeast Regional Center for Rural Development #14, July, 1978, page 34.

7. Ibid., page 41.

8. Ibid., page 38.

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